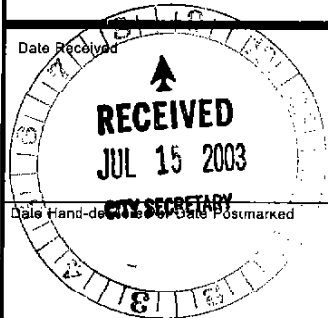


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 28
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Jeff NICKNAME LAST SUFFIX Daily		OFFICE USE ONLY  Date Received Date Hand-delivered Date Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5773 Woodway, PMB 275, Houston TX 77056		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI AI NICKNAME LAST SUFFIX Hartman		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1450 W Sam Houston Pkwy N #100, Houston, TX 77043		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 467-2222		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 2 / 1 / 2003 06 / 30 / 2003		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 04 / 2003		
11 OFFICE	OFFICE HELD (if any) None	12 OFFICE SOUGHT (if known) Houston City Council - District G	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name None Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

Jeff Daily

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

**** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ****

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 28.73

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 114,603.23

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ n/a

4. TOTAL POLITICAL EXPENDITURES

\$ 55,450.77

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ n/a

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Jeff Daily
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jeff Daily, this the 14 day of July, 20 03, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 1 of 19	
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/11/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Earl C. Lairson 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 3/6/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michelle S. Ratterman Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 3/9/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Verdene Ryder Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 3/9/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kyle P. Toland Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 3/14/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chad J. Clay Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <div style="text-align: right; font-size: 1.2em;">2 of 19</div>	
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Jeff Daily</div>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/17/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ronald Woliver 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$1000	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 3/19/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steven J. Finkelman Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 3/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marc Ransier Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 3/22/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dan Clinton Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 3/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Moore Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:
3 of 19**2 FILER NAME**

Jeff Daily

3 ACCOUNT # (Ethics Commission filers)**4 Date**

3/26/2003

5 Full name of contributor

Zeb or Joan Alford

☐ out-of-state PAC (ID#)**6 Contributor address; City; State; Zip Code****7 Amount of
contribution (\$)**

\$25

**8 In-kind contribution
description (if applicable)****9 Principal occupation (Optional)****10 Employer (Optional)****Date**

3/26/2003

Full name of contributor

Mark Cole

☐ out-of-state PAC (ID#)**Contributor address; City; State; Zip Code****Amount of
contribution (\$)**

\$100

**In-kind contribution
description (if applicable)****Principal occupation (Optional)****Employer (Optional)****Date**

3/26/2003

Full name of contributor

Richard Hill

☐ out-of-state PAC (ID#)**Contributor address; City; State; Zip Code****Amount of
contribution (\$)**

\$50

**In-kind contribution
description (if applicable)****Principal occupation (Optional)****Employer (Optional)****Date**

3/26/2003

Full name of contributor

Verdene Ryder

☐ out-of-state PAC (ID#)**Contributor address; City; State; Zip Code****Amount of
contribution (\$)**

\$250

**In-kind contribution
description (if applicable)****Principal occupation (Optional)****Employer (Optional)****Date**

3/26/2003

Full name of contributor

Lori Farris

☐ out-of-state PAC (ID#)**Contributor address; City; State; Zip Code****Amount of
contribution (\$)**

\$1,500

**In-kind contribution
description (if applicable)**Kick-off room and
food for 300.**Principal occupation (Optional)****Employer (Optional)****ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 4 of 19	
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/26/2003	5 Full name of contributor D.W. Hutzelman <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$150	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4/3/2003	Full name of contributor Thomas G. Whittington <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$30	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4/7/2003	Full name of contributor Neal Meyer <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4/11/2003	Full name of contributor Bob McFarland <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4/12/2003	Full name of contributor Jeffrey Jones <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 5 of 19	
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/21/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James E. Smith 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Austen Furse Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim Post Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/1/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lawrence Levy Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/6/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: S.R. Green Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 6 of 19	
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/8/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brenda Brehm 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$250	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 5/8/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Douglas R. Cannon Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/8/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Claude Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jerry Patterson Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/13/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Diane Krivo Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$10	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 7 of 19	
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/13/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Underwood 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 5/14/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lisa or Allan Hartman Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$5,000	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/15/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: George Littell Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/15/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gregory L. Wilson Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/16/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hope Wilson Huffman Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 8 of 19	
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/19/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Norman Adams 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$1,000	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 5/19/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stephen A. Adger Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/19/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James A. Davidson Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/19/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Verdene Ryder Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/20/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Annette Williams Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

9 of 19

2 FILER NAME

Jeff Daily

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/20/2003

5 Full name of contributor

☐ out-of-state PAC (ID#)

H. Dane Grant

6 Contributor address; City; State; Zip Code

7 Amount of
contribution (\$)

\$50

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/20/2003

Full name of contributor

☐ out-of-state PAC (ID#)

Herbert L. Wade

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$250

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/21/2003

Full name of contributor

☐ out-of-state PAC (ID#)

Jose Maria Bermudez

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$100

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/21/2003

Full name of contributor

☐ out-of-state PAC (ID#)

Chad J. Clay

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$500

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/21/2003

Full name of contributor

☐ out-of-state PAC (ID#)

Larry Hicks

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$100

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 10 of 19	
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/21/2003	5 Full name of contributor Anabel Lassus <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 5/21/2003	Full name of contributor Richard A. Lybarger <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/21/2003	Full name of contributor Meredith Maxfield <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/21/2003	Full name of contributor Bernard Morello <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/21/2003	Full name of contributor Daniel Prosser <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 11 of 19	
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/21/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Donyce Rich 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 5/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Vernon Wuensche Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/22/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles G. Untermeyer Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Al Keller Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard L. Bowers Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 12 of 19	
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/26/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gregory L. Wilson 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 5/27/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anastas Pass Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/28/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Judson Bryant Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$35	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/28/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: W.H. Giesenschlag Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/28/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J. Virgil Waggoner Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$2,500	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 13 of 19	
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/28/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fred Ziedman 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$949.50	8 In-kind contribution description (if applicable) Event host
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/1/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: G.A. Herrera Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/2/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Hartman Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/3/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: L. E. Simmons Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$2,500	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/9/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John or Betty James Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$25	In-kind contribution description (if applicable) Event host
Principal occupation (Optional)		Employer (Optional)	
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

14 of 19

2 FILER NAME

Jeff Daily

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/11/2003

5 Full name of contributor

Tom Rushing

☐ out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code

7 Amount of
contribution (\$)

\$500

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/13/2003

Full name of contributor

Willie Alexander

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$250

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/14/2003

Full name of contributor

Charles E. Frost

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$250

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/18/2003

Full name of contributor

Richard Brown

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$300

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/20/2003

Full name of contributor

Stephen A. Adger

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$250

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 15 of 19	
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/24/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jose Maria Bermudez 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anastas Pass Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob Stover Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/26/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Austen Furse Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/28/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steven J. Finkelman Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 16 of 19	
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/30/2003	5 Full name of contributor Patrick Timmons <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$250	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/30/2003	Full name of contributor James Noteware <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/30/2003	Full name of contributor J.R. Holcomb <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/30/2003	Full name of contributor D. W. Hutzelman <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/30/2003	Full name of contributor Anabel Lassus <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 17 of 19	
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/30/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jack Webb 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eugene O'Donnell Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Roy Nichol Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jon Lindsay Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/14/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeff Daily Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

18 of 19

2 FILER NAME

Jeff Daily

3 ACCOUNT # (Ethics Commission filers)**4** Date

3/10/2003

5 Full name of contributor☐ out-of-state PAC (ID#)

Jeff Daily

6 Contributor address; City; State; Zip Code**7** Amount of
contribution (\$)

\$8,000

8 In-kind contribution
description (if applicable)**9** Principal occupation (Optional)**10** Employer (Optional)

Date

4/15/2003

Full name of contributor

☐ out-of-state PAC (ID#)

Jeff Daily

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$7,000

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/5/2003

Full name of contributor

☐ out-of-state PAC (ID#)

Jeff Daily

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$2,000

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/2/2003

Full name of contributor

☐ out-of-state PAC (ID#)

Jeff Daily

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$10,000

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/5/2003

Full name of contributor

☐ out-of-state PAC (ID#)

Jeff Daily

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$5,000

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 19 of 19	
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/30/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeff Daily 6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%; margin-top: 5px;"></div>	7 Amount of contribution (\$) \$50,000	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 6**2** FILER NAME

Jeff Daily

3 ACCOUNT # (Ethics Commission filers)**4** Date
2/14/2003**5** Payee name

Associated Republicans of Texas

6 Payee address; City; State; Zip Code

807 Brazos, Suite 601, Austin, TX 78701

7 Amount
(\$)

\$200

8 Purpose of payment (See instructions regarding type of information required.)

Fundraiser

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
2/19/2003**Payee name**

Texas Federation of Republican Women

Payee address; City; State; Zip Code

900 Congress Ave., Suite 300, Austin, TX 78701

Amount
(\$)

\$200

Purpose of payment (See instructions regarding type of information required.)

Fundraiser

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date
3/11/2003**Payee name**

Harris County Republican Party

Payee address; City; State; Zip Code

3311 Richmond, Suite 218, Houston, TX 77098

Amount
(\$)

\$1000

Purpose of payment (See instructions regarding type of information required.)

Club Dues

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date
3/11/2003**Payee name**

Boldface Graphics

Payee address; City; State; Zip Code

5006 Jackwood, Houston, TX 77096

Amount
(\$)

\$2061.95

Purpose of payment (See instructions regarding type of information required.)

Printing

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 of 6**2** FILER NAME
Jeff Daily**3** ACCOUNT # (Ethics Commission filers)**4** Date
3/11/2003**5** Payee name
Magic Circle Republican Women's Club**6** Payee address; City; State; Zip Code

807 Brazos, Suite 601, Austin, TX 78701

7 Amount
(\$)

\$60

8 Purpose of payment (See instructions regarding type of information required.)

Ad

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

3/12/2003

Payee name

Mark Ellis Campaign

Payee address; City; State; Zip Code

3323 Richmond, Suite #c, Houston, TX 77098

Amount
(\$)

\$100

Purpose of payment (See instructions regarding type of information required.)

Fundraiser

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

3/21/2003

Payee name

The Faithful Citizenship Project

Payee address; City; State; Zip Code

P.O. Box 2606, Houston, TX 77252

Amount
(\$)

\$100

Purpose of payment (See instructions regarding type of information required.)

Fundraiser

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

3/27/2003

Payee name

Quan Vu

Payee address; City; State; Zip Code

423 Spencer Glen Dr., Sugar Land, TX 77497

Amount
(\$)

\$300

Purpose of payment (See instructions regarding type of information required.)

Web Design

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of 6**2** FILER NAME
Jeff Daily**3** ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
4/8/2003	Andrew Kazanas <small>6 Payee address; City; State; Zip Code</small> 9159 Cardwell St., Houston, TX 77055	\$2,722.52

8 Purpose of payment (See instructions regarding type of information required.)
Expences (HP-PDA \$753.41, IMS Maller \$400.29, Arcodoro event \$302.88
Houson Realty Breakfast Club Dues, Postage USPS, Lunches, Misc.)**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
4/16/2003	Spencer Neumann <small>Payee address; City; State; Zip Code</small> 1314 West Webster, Houston, TX 77019	\$11,338.09

8 Purpose of payment (See instructions regarding type of information required.)
Consulting fees - \$8,500, brochures \$2,838.09**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
4/29/2003	Campaign Data Systems <small>Payee address; City; State; Zip Code</small> 4415 Lorinda Dr., Houston, TX 77018	\$250

8 Purpose of payment (See instructions regarding type of information required.)
Data software fee**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
5/2/2003	Andrew Kazanas <small>Payee address; City; State; Zip Code</small> 9159 Cardwell St., Houston, TX 77055	\$2,350

8 Purpose of payment (See instructions regarding type of information required.)
Consulting fee**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4 of 6
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/15/2003	5 Payee name Boldface Graphics 6 Payee address; City; State; Zip Code 5006 Jackwood, Houston, TX 77096	7 Amount (\$) \$714.46
8 Purpose of payment (See instructions regarding type of information required.) Bumperstickers		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/30/2003	Payee name Spencer Neumann Payee address; City; State; Zip Code 1314 West Webster, Houston, TX 77019	Amount (\$) \$7,254
Purpose of payment (See instructions regarding type of information required.) Consulting fees - \$2,500, door hangers \$3,435.63, postcards \$1,318.37		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/29/2003	Payee name Phil Owens Payee address; City; State; Zip Code 10231 Glenfield Park Ln., Houston, TX 77077	Amount (\$) \$500
Purpose of payment (See instructions regarding type of information required.) Sign work		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/30/2003	Payee name Village Republican Womens Club Payee address; City; State; Zip Code 7903 Alamar, Houston, TX 77095	Amount (\$) \$60
Purpose of payment (See instructions regarding type of information required.) Fundraiser		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 5 of 6
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/30/2003	5 Payee name Daughters of Liberty Republican Womens Club 6 Payee address; City; State; Zip Code 7902 Oakington, Houston, TX 77071	7 Amount (\$) \$250
8 Purpose of payment (See instructions regarding type of information required.) Ad		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/1/2003	Payee name LT Communications, LLC Payee address; City; State; Zip Code 2606 Persa, Houston, TX 77098	Amount (\$) \$3,727.87
Purpose of payment (See instructions regarding type of information required.) Consulting fees - \$2,000, printing \$1,727.87 - Jet Setters		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/4/2003	Payee name Campaign Data Systems Payee address; City; State; Zip Code 4415 Lorinda Dr., Houston, TX 77018	Amount (\$) \$500
Purpose of payment (See instructions regarding type of information required.) Data software fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/4/2003	Payee name Andrew Kazanas Payee address; City; State; Zip Code 9159 Cardwell, Houston, TX 77055	Amount (\$) \$4700
Purpose of payment (See instructions regarding type of information required.) Consulting fees		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6 of 6**2** FILER NAME

Jeff Daily

3 ACCOUNT # (Ethics Commission filers)**4** Date

6/5/2003

5 Payee name

Cheryl Stalinsky

7 Amount (\$)

\$2500

6 Payee address; City; State; Zip Code

32410 Watersmeet, Fulshear, TX 77441

8 Purpose of payment (See instructions regarding type of information required.)

Consulting fees

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

6/6/2003

Payee name

Andrew Kazanas

Amount (\$)

\$7,090.38

Payee address; City; State; Zip Code

9159 Cardwell, Houston, TX 77055

Purpose of payment (See instructions regarding type of information required.)

Signs reimbursement, Sprint Digital Print, Inc.

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

6/25/2003

Payee name

LT Communications, LLC

Amount (\$)

\$3022

Payee address; City; State; Zip Code

2606 Persa, Houston, TX 77098

Purpose of payment (See instructions regarding type of information required.)

Consulting \$2,000, Printing \$1022 - Jet Setters

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:
1 of 12 FILER NAME
Jeff Daily

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/8/20035 Business name
Daily Instruments Corp.

6 Business address; City; State; Zip Code

5700 Hartsdale, Houston, TX 77036

7 Amount
(\$)
\$1,000

8 Purpose of payment (See instructions regarding type of information required.)

Office / storage rent & office services.

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office heldDate
6/2/2003Business name
Daily Instruments Corp.

Business address; City; State; Zip Code

5700 Hartsdale, Houston, TX 77036

Amount
(\$)
\$1,000

Purpose of payment (See instructions regarding type of information required.)

Office / storage rent & office services.

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Business address; City; State; Zip Code

Amount
(\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Business address; City; State; Zip Code

Amount
(\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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